



# Goddard Space Flight Center Wallops Flight Facility

## Institutional Mishap Preparedness and Contingency Plan

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Author:

A handwritten signature in black ink, appearing to read "Glen Liebig".

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10/14/2011

Date

Approval:

A handwritten signature in black ink, appearing to read "Florence Smith".

Florence Smith  
Chief, Safety Office

10/14/2011

Date

Check the Code 803 web site at  
<http://sites.wff.nasa.gov/code803/docs/mishapresponseplan.pdf>  
to verify that this is the correct version prior to use.

## CHANGE RECORD SHEET

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## **1.0 PLAN CLASSIFICATION**

This plan is not classified Sensitive But Unclassified (SBU).

## **2.0 INFORMATION**

This document is intended to provide guidance related to the initial response and reporting of institutional incidents which are not captured under any existing Program Mishap Preparedness and Contingency Plan.

## **3.0 PROGRAM/PROJECT ROLES AND RESPONSIBILITIES**

This document applies to all personnel at the Wallops Flight Facility (WFF) who respond to an incident and perform as a member of an Interim Response Team (IRT) for investigations of mishaps and close calls at WFF. This procedure is limited to initial IRT activity only. It is the responsibility of the IRT to ensure initial response is completed, that the area involved in the incident is restricted and deemed safe for investigative personnel, and to collect evidence that will be used by the appointed Investigative Authority. Investigations of mishaps shall be conducted per GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan.

## **4.0 PROGRAM/PROJECT DESCRIPTION**

This plan is used to respond to any mishap on WFF that is not included in an existing Program level Mishap and Contingency Action Plan. This includes construction sites, administrative office areas, public areas, non-project laboratories and common facility related infrastructure.

## **5.0 SIGNATURE REQUIREMENTS**

This document shall be developed and maintained by the WFF Safety Office, Code 803. The highest required signature for this document is the Office Chief. This document supplements the GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan and is an annex to the WFF Emergency Operations Plan, 803-PLAN-803.

## **6.0 PURPOSE AND APPLICABILITY**

This plan establishes the initial response procedure for the immediate gathering of essential facts and information associated with mishaps, incidents, and close calls occurring at the WFF. This information will be used to provide detailed, factual evidence used in determining primary and causal factors, identifying corrective actions and lessons learned, and preventing recurrence of situations and factors that could lead to similar mishaps.

## **7.0 PROGRAM/PROJECT PROPERTY**

This section is not applicable to this plan.

## **8.0 HOST CENTER INFORMATION**

This plan supplements the GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan regarding incidents at the WFF.

## **9.0 TEST INFORMATION**

This section is not applicable to this plan.

## **10.0 SIMULATIONS AND EXERCISES – MANDATORY SCHEDULE**

The schedule for exercises related to mishap response is generated annually and included in the WFF Safety Office planning. These exercises are managed under 803-PLAN-003.

## **11.0 AUTHORITIES AND REFERENCES**

NPR 1441.1, NASA Records Retention Schedules  
NPR 3792.1, Plan for a Drug-Free Workplace  
NPR 8621.1, NASA Procedural Requirements for Mishap and Close Call Reporting, Investigating, and Recordkeeping  
GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan  
803-PLAN-003, WFF Emergency Operations Plan

## **12.0 PROCEDURES FOR MISHAP RESPONSE**

The following Annexes were designed to be printed and contained in the Response Kit as printed checklists and forms. Annex A is the response checklist and designed to be printed on one side for clipboard use. Annex B is designed for two page printing with the intention of printing large quantities and the information that needs to be retained is located on the second page.

Annex A contains the checklist used for initial response to a mishap.  
Annex B contains the current NASA Witness Statement form 08-06.

## **13.0 PROCEDURES FOR PROCESSING MISHAP AND ANOMALY REPORTS**

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All incidents that meet the criteria for formal investigation shall be processed using this plan for initial response and the requirements of NPR 8621.1, NASA Procedural Requirements for Mishap and Close Call Reporting, Investigating, and Recordkeeping and GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan.

#### ***14.0 EXTERNAL RESOURCES AND SUPPORT***

Response to a mishap that requires external sources will be provided per the Mutual Aid Agreements documented in 803-PLAN-003, WFF Emergency Operations Plan. External resources required from Greenbelt will be acquired on an “as needed” basis per existing Memorandum of Agreement or “as required” via management request to other internal Goddard Space Flight Center directorates.

#### ***15.0 IRT TRAINING AND MEMBERSHIP REQUIREMENTS***

All personnel will be trained to the requirements for GPR 8621.4, GSFC Mishap Preparedness and Contingency Plan. There are no additional training requirements for institutional mishap response at this time.

## ANNEX A

### Initial Response Checklist for IRTs

INITIAL RESPONSE CHECKLIST FOR IRTs			
√	Initials	Date	Action
			<u>Initial Report</u>
			Time/Date:
			Printed Name of Individual Making Report:
			Injuries (Yes or No):
			Notify Emergency Services, if necessary (Yes or No) (explain any No answers):
			Property Damage (list below):
			Brief Summary of Event:
			Personnel (list names and mark <u>Involved</u> or <u>Witnessed</u> )

√	Initials	Date	Action
			Location/Time of Event:
			<u>Significant Mishap</u>
			Verify Emergency Services/Security (WFF Fire Department 911) have been notified.
			Verify Emergency Services/Security notified the WFF Safety Office.
			<u>Deploy IRT</u>
			Acquire Ready Response Kit in building E-107, Room 111.
			Verify Emergency Services/Security notified (ext. 911).
			Verify Public Affairs notified (757-824-1579 or 757-894-4152 after hours).
			Notify Legal, if appropriate (301-286-9181).
			<u>Potential Hazards</u>
			Verify immediate release of sanitized information to the press and media.
			<u>Secure Mishap Site</u>
			Verify personnel adhere to the PPE requirements as defined by the WFF Safety Office or Incident Commander.
			Assist Incident Commander, as requested, until the site is secured and turned over to the IRT.
			Verify all hazards are controlled to limit additional injury to personnel or property damage.
			<u>Preserve Evidence</u>
	<b>Initials</b>	<b>Date</b>	<b>Action</b>



			<p>Brief personnel not to move or disturb any items, equipment, or debris.</p> <p><u>Comment:</u></p> <p>Evidence preservation actions shall not hamper essential emergency response operations.</p> <p>Neither the Investigating Authority nor the IRT has the authority to direct emergency response actions.</p>
			<p>Make all attempts to preserve as much evidence as possible, including covering and/or bagging evidence, isolating the area, and preventing unauthorized entry in the mishap site.</p>
			<p>Record environmental factors such as ice, snow, etc., if applicable.</p>
			<p>Draw area map showing details of the mishap site, including witness locations and location of evidence, if applicable.</p>
			<p>Photograph the immediate area involved.</p> <p><u>Comment:</u></p> <p>Take pictures of all items relevant to the event, which may include parts, equipment, panel switch positions, smoke, buildings, personnel, injuries, vehicles, etc.</p> <p>Reference the size of parts or pieces with a ruler or similar device to show actual size.</p> <p>Document the scene using drawings and photographs</p>
			<p>Collect evidence by bagging and identifying by number system the location of each item.</p>
√	<b>Initials</b>	<b>Date</b>	<b>Action</b>
			Impound Data (Only Federal employees on the IRT shall support this

			<p>effort.)</p> <p><u>Comment:</u></p> <p>The Safety Office, supported by the IRT and Security Office personnel and supervisor, shall impound data, records, tapes and other data types related to the mishap.</p> <p>WFF Safety Office shall control access to all impounded items until they are released by the Investigating Authority.</p> <p>For mishaps at contractor or subcontractor sites, the IRT shall work through the Contracting Officer, with guidance from the Legal Advisor, to obtain and impound data.</p>
			<u>Drug Testing</u>
			<p>Advise supervisor if drug testing will be requested.</p> <p><u>Comment:</u></p> <p>Drug testing is mandatory if event includes fatality or injury requiring immediate hospitalization or damage estimated to be in excess of \$10,000 to government or private property.</p> <p>Call the NSSC at 1-877-677-212 for Federal employee testing.</p> <p>Contractor testing is dependent upon the contract.</p>
			<u>Collect Witness Statements</u> (Only Federal employees on the IRT shall support this effort.)
			Read privacy statement to witness at start of formal interviews.
√	<b>Initials</b>	<b>Date</b>	<b>Action</b>
			Interview immediate supervisor and witnesses. Determine the following, if applicable:

			<ul style="list-style-type: none"> <li>• Who was involved?</li> <li>• Were other personnel in the area (Yes or No)?</li> <li>• Make a list of all possible witnesses:</li> <li>• What happened (who, what, when, where, how)?</li> </ul>
			<ul style="list-style-type: none"> <li>• Were personnel adequately trained (Yes or No) (Verify training records and explain any No answers.)?:</li> <li>• Were personnel following approved procedures (Yes or No) (Verify procedures and explain any No answers.)?:</li> <li>• What does he/she believe caused the incident (Collect this data separately from each person, if possible.)?:  <u>Who</u> <u>Cause</u> </li> <li>• Did the operation require an approved safety plan (Yes or No) (Verify safety plan and explain any No answers.)?:</li> </ul>
√	<b>Initials</b>	<b>Date</b>	<b>Action</b>
			<u>Coordinate Release of Updated Information to Public</u>

			<p>Comment:</p> <p>The AA/PAO Public Affairs Office Code 130 shall release information to the press and media. Public Affairs contact numbers are 757-824-1579 or 757-894-4152 after hours.</p> <p>Notify Legal if appropriate at 301-286-9181.</p>
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## ANNEX B

# National Aeronautics and Space Administration Written Witness Statement Form



### Witness Statement

It is important that witnesses be interviewed as soon as possible after the occurrence of a mishap in order to obtain the best recall of information that might assist in the identification of causal factors. Immediately after a mishap, this form must be completed by the witness. The written statement is intended to describe the witness's account of the mishap including a description of the sequence of events, facts, conditions, and/or causes of the mishap. The form will be collected by the NASA Center Safety Office or the NASA Interim Response Team.

The purpose of the NASA safety mishap investigation is to identify the proximate cause(s) and root cause(s) of the mishap and to develop recommendations that prevent the occurrence of similar mishaps. The NASA safety mishap investigation process conducted per the NASA Procedural Requirements 8621.1 (NPR 8621.1) does not assess blame and is completely separate from any proceedings the Agency may undertake to determine civil, criminal, or administrative culpability or liability.

Your testimony is entirely voluntary, but we hope that you will assist the investigating authority to the maximum extent of your knowledge of this matter.

Your testimony will be documented and retained as part of the mishap report background files but will not be publicly released with your name as part of the mishap report. The investigating authority will make every effort to keep your testimony confidential and privileged to the greatest extent permitted by law.

Note: There are three circumstances when your testimony may be released from the control of the investigating authority and would no longer be considered privileged:

1. When the investigating authority or NASA is ordered to release the testimony by a court or administrative body outside NASA.
2. When the Inspector General (IG) makes a written request to the NASA Administrator. The IG, by law, is permitted access to all records, reports, audits, reviews, documents, papers, recommendations, or other material available to the applicable establishment which relate to programs and operations. The Office of Inspector General rarely makes this request. The IG respects and, as a general rule, will defer to the disclosure restrictions attendant to NASA mishap investigations. Upon receipt of such testimonial information, the IG will consider it to be confidential witness testimony and will treat it as such to the full extent required by the Inspector General Act of 1978.
3. When NASA experiences the loss of a Space Shuttle, the loss of the International Space Station, or its operational viability, or the loss of any other U.S. space vehicle carrying humans. By law, an independent Presidential Commission will be formed and the contents of this written statement may be provided to the Commission.

I have read the above information and understand that NASA will make every effort to protect the information provided to the greatest extent permitted by law, and I understand the three circumstances when my testimony may be released.

Signature: \_\_\_\_\_

Date of Witness Statement: \_\_\_\_\_

Time of Witness Statement: \_\_\_\_\_

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Witness Info

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Company/Department: \_\_\_\_\_

Mail Code: \_\_\_\_\_

Job Title: \_\_\_\_\_

Age: \_\_\_\_\_ Years in Job: \_\_\_\_\_

Time of Mishap: \_\_\_\_\_

Your Location at Time of Mishap. (If needed, you may draw on the back of this form to show your location in reference to other objects, equipment, or people):

Building and Room

\_\_\_\_\_

Additional Details About Your Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Activity At Time of Mishap:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe to the best of your memory **what happened** at the time of the mishap.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue description of **what happened** at the time of the mishap. You may write on the back of this form (or request another page) if you need additional space.

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 2. **Background**  
 3. **Methodology**  
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